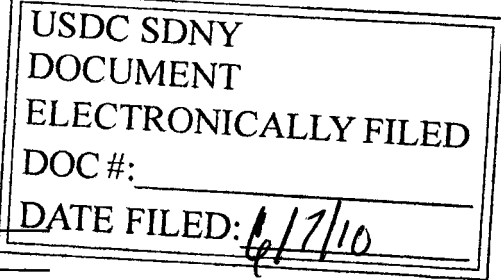


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Standish Dublin



(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED
COMPLAINT**

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

New York city law Dept.

N.Y.C.D.O.C.

Officer, Rodriguez # 18480

Jury Trial: ☐ Yes ☐ No
(check one)

10 Civ. 2971 (LAP)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Standish Dublin

ID # 300-08-00675

Current Institution G.R.V.C.

Address 0909 hazen st. E.Elmhurst N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The N.Y.C. law dept. Shield # _____
 Where Currently Employed _____
 Address 100 Church st. N.Y.C. N.Y. 10013

Defendant No. 2 Name N.Y.C.D.O.C. Shield # _____
 Where Currently Employed _____
 Address 75-20 Astoria blvd Jackson hqhts. N.Y. 11370

Defendant No. 3 Name Officer, Rodriguez #18480 Shield # _____
 Where Currently Employed G.R.V.C.
 Address 0909 Hazen st. E.Elmhurst N.Y. 11370

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?

George R. Vierno center

- B. Where in the institution did the events giving rise to your claim(s) occur?
Inside housing area 7b between 3 and 4 cell.

C. What date and approximate time did the events giving rise to your claim(s) occur?

On Feb.9th 2009 between 4:30 and 7:00 (3 -11 tour)

D. Facts: On the time and date noted I was in a verbal dispute with another inmate who's name I don't know. At the time this officer was in my visual. Minutes later I was then approached again by the same inmate, then I was hit very hard, with something hard that dazed me.

After I regain my balance in the clinic I was taken to west facility's urgie care unit. On my way out I seen one of the inmates who's name I found out later when I received the infraction that his name was Shamari Laviscount also a member of the notorious Bloods.

While I was on the ground trying to protect myself I was kicked several times in the back. But I remember having a hold on one of the attackers and being kicked so it had to be someone else involed though I can't name them.

If the officer was at the post she saw it all along with the rest of the inmates that were present that night. NO I can't name any of the inmates I was new in the housing unit. The officer was nowhere to be found when I looked for her assistance when I was approached the second time because I was in danger as well as any person who gets in a altercation with the Bloods. And she's been working here long enough to know the danger I was in so why wasn't any actions taken before hand?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Out of the ordeal I suffered a very nasty scar to the mouth, that needed serious repairing over 20 stitches. Now that area on my mouth is numb, I also fear that i can be Hurt by other members.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes x No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

G.R.V.C. where the maximum security pretrial detainees
are held.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes x No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know x

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes x No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes x No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

in G.R.V.C.'s grievance office

1. Which claim(s) in this complaint did you grieve? Liability on the officer's
part.

2. What was the result, if any? Yes they told me it was a non-grievable
issue.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. no

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

|||| **

NO

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

NO

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I wrote the warden of the facility (Labruzzo) about
the incident after it accured back in 2009 but have yet
to receive an response.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like for D.O.C. to

enforce the rules and regulations to these officers. Also
a compensation for liabilty, pain, suffering, anguish, mental
anguish. An amount of money will be discussed at a later time

If possible find a way to monitor these officers on duty to
see how they break and bend the rules which can be hazardous
to ones health.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes x No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Standish Dublin (self)

Defendants N.Y. city/ Warden Labruzzo/ D.O.C./ officer Villette

2. Court (if federal court, name the district; if state court, name the county) Southern district

3. Docket or Index number

4. Name of Judge assigned to your case (AKH)

5. Approximate date of filing lawsuit 9/09

6. Is the case still pending? Yes x No
If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes x No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Standish Dubiln

Defendants N.Y. city/ D.O.C.

2. Court (if federal court, name the district; if state court, name the county) Southern district

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit 3 3/07

6. Is the case still pending? Yes ____ No x
If NO, give the approximate date of disposition 3/08
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settlement in my favor.

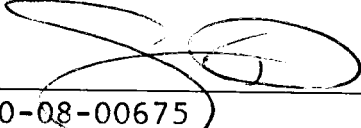
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of April, 2010.

Signature of Plaintiff

Inmate Number

Institution Address


300-08-00675

G.R.V.C. 0909 Hazen st.

E.Elmhurst N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27 day of April, 2010 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

